

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	12.7	12.9	12.9	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	540	540	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	337	738	lb/d	*****	27	56	mg/L	1	Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	217	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.3	7.9	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	322	lb/d	*****	10	25	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2442	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Jennifer Stapleton/ City Administrator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		11/17/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The weekly average BOD exceedance was the result of an unknown substance entering the plant that had a high oxygen demand. The attached pdf contains the five day report that was submitted to IDEQ regarding this upset.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.7	21.7	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	78.34	97.12	lb/d	*****	6570	7810	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.52	2.52	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.89	7.89	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	123	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	40	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual

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Jennifer Stapleton/ City Administrator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		11/17/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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DMR Mailing ZIP CODE: 83864  
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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	5.87	lb/d	*****	.04	.87	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000334	.0000334	lb/d	*****	.00287	.00287	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	9.04	9.8	10.07	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	744	744	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	625	1030	lb/d	*****	20	25	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	150	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	8.9	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	170	253	lb/d	*****	6	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	153	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

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Shelby Rognstad/ Mayor				(208)263-3407		12/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	12	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.94	41.06	lb/d	*****	1480	3000	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	1.6	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.08	5.08	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	197.2	197.2	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	160	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual

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Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	5.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.78	5.53	lb/d	*****	.03	.27	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000633	.0000633	lb/d	*****	.00211	.00211	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	8.84	9.4	14.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	626	626	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	386	511	lb/d	*****	19	28	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	156	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.1	7.9	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	79	118	lb/d	*****	3	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	130	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		3/16/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.8	13.8	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	28.92	32.9	lb/d	*****	1510	2140	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.63	1.63	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.22	8.22	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	201.2	201.2	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	130	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/3/16/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	5.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	6.75	2.49	lb/d	*****	.03	.15	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000267	.0000267	lb/d	*****	.00178	.00178	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87.6	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE	DATE
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407	3/16/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	9.29	9.2	9.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1498	1524	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	498	806	lb/d	*****	20	31	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	130	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.3	7.7	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	196	lb/d	*****	5	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	111	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		4/17/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.18	11.4	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.57	39.82	lb/d	*****	1500	1960	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.34	3.45	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.56	6.7	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	247	274	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	360	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		4/17/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.91	3.5	lb/d	*****	.06	.3	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000224	.0000314	lb/d	*****	.000869	.00114	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE	DATE
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407	4/17/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF

ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842

PERMIT NUMBER

001-Q

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge ☐

MONITORING PERIOD

MM/DD/YYYY

01/01/2018

MM/DD/YYYY

03/31/2018

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.84	12.4	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.76	1.69	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Shelby Rognstad/ Mayor				(208)263-3407		14/17/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	11.6	9.3	12	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1376	1376	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	403	487	lb/d	*****	18	22	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	136	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.1	7.7	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	125	279	lb/d	*****	5	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	118	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		5/31/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Added pdf notification letter on 5/31/18

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.85	8.85	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27.85	36.48	lb/d	*****	1390	1420	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.16	1.16	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.3	7.3	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	234.4	234.4	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	50	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		5/31/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Added pdf notification letter on 5/31/18

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	4.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.89	3.32	lb/d	*****	.05	.19	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.00002	.00002	lb/d	*****	.00109	.00109	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

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Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407	5/31/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Added pdf notification letter on 5/31/18



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	16.29	14.6	16.8	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1313	1313	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	358	486	lb/d	*****	28	40	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	4069	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.1	7.6	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	88	184	lb/d	*****	7	15	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	281	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

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Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/6/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not have temperature data for the 25th to the 31st. We had two loggers in place, one will no longer power up and the others battery died on the 25th.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.16	34.16	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	31.21	39.12	lb/d	*****	2480	3360	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.519	3.519	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.7	13.7	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	137.6	137.6	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	30	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/6/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not have temperature data for the 25th to the 31st. We had two loggers in place, one will no longer power up and the others battery died on the 25th.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	1.8	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3129	1.6012	lb/d	*****	.02	.22	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000209	.0000209	lb/d	*****	.00139	.00139	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

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Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407	/6/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not have temperature data for the 25th to the 31st. We had two loggers in place, one will no longer power up and the others battery died on the 25th.

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF

ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01	ug/L		Once per Report Period	Composite Grab
00718 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	Composite Grab
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01	ug/L		Once per Report Period	Composite Grab
00718 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	Composite Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.08	1.1	ug/L		Once per Report Period	24 Hour Composite
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Once per Report Period	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
00978 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Once per Report Period	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.09	1.2	ug/L		Once per Report Period	24 Hour Composite
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.19	2.36	ug/L		Once per Report Period	24 Hour Composite
01074 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite

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Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/6/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Part I.B.11 gives sampling procedures; report on May DMR

P=Influent; Permit Part I.B.10 gives sampling procedures

Q=Effluent; Permit Part I.B.10 gives sampling procedures

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF

ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01079 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	61.9	80.9	ug/L		Once per Report Period	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	226	303	ug/L		Once per Report Period	24 Hour Composite
01094 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01113 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1.22	1.46	ug/L		Once per Report Period	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.63	7.56	ug/L		Once per Report Period	24 Hour Composite
01114 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/6/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Part I.B.11 gives sampling procedures; report on May DMR

P=Influent; Permit Part I.B.10 gives sampling procedures

Q=Effluent; Permit Part I.B.10 gives sampling procedures

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF

ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01118 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1.29	1.37	ug/L		Once per Report Period	24 Hour Composite
01118 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.89	7.28	ug/L		Once per Report Period	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	96.2	170	ug/L		Once per Report Period	24 Hour Composite
01119 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 3.02	7.05	ug/L		Once per Report Period	24 Hour Composite
01220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01220 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0657	.088	ug/L		Once per Report Period	24 Hour Composite
71901 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Shelby Rognstad/ Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/6/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Part I.B.11 gives sampling procedures; report on May DMR

P=Influent; Permit Part I.B.10 gives sampling procedures

Q=Effluent; Permit Part I.B.10 gives sampling procedures

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	18.87	18.4	20.62	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1313	1313	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	171	249	lb/d	*****	16	22	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	354	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.2	7.6	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	75	lb/d	*****	6	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	341	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/7/20/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Both temperature loggers we had in place failed in May and the fact was not discovered until June 6th. Our data for June started on the 6th at 10am.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.16	34.16	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.519	3.519	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.7	14.7	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	137.6	137.6	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	10	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	1.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		7/20/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Both temperature loggers we had in place failed in May and the fact was not discovered until June 6th. Our data for June started on the 6th at 10am.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.15638	.5421	lb/d	*****	.02	.05	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.00003	.00003	lb/d	*****	.00257	.00257	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley	TELEPHONE		DATE
Amanda Wilson/ Public Works Director			(208)263-3407		7/20/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Both temperature loggers we had in place failed in May and the fact was not discovered until June 6th. Our data for June started on the 6th at 10am.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER, INTERIM  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.34	39.47	lb/d	*****	3230	3680	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley	TELEPHONE	DATE
Amanda Wilson/ Public Works Director			(208)263-3407	7/20/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Issue #1 Our revised permit states "Effluent limitations for total phosphorus shall become effective August 1, 2018." Issue #2 The interim limit of 96 ppd monthly average and 125 ppd weekly average should be in effect in summer months until the compliance schedule is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-G
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 10	< 10	pg/L		Twice per Year	24 Hour Composite
03556 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p-dioxin	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 10	< 10	pg/L		Twice per Year	24 Hour Composite
03556 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	*****	*****	*****	*****	10400	10400	pg/L		Twice per Year	24 Hour Composite
79819 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	*****	*****	*****	*****	556	556	pg/L		Twice per Year	24 Hour Composite
79819 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley	TELEPHONE		DATE
Amanda Wilson/ Public Works Director			(208)263-3407		0/29/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
PCB and TSS results submitted through the IPDES E-permitting website.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	36.9	36.9	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.62	2.62	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley	TELEPHONE	DATE
Amanda Wilson/ Public Works Director			(208)263-3407	7/20/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	21.81	21.8	22.53	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	956	956	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	270	lb/d	*****	17	37	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	328	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.2	7.6	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17	68	lb/d	*****	5	10	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	281	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE
Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		8/16/2018
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.66	23.66	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.352	3.352	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.8	9.8	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	79.6	79.6	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	406	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	1.4	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/8/16/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.3174	1.2009	lb/d	*****	.03	.12	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000228	.0000228	lb/d	*****	.0021	.0021	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/8/16/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER, INTERIM  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	38.81	71.47	lb/d	*****	4000	8570	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley	TELEPHONE		DATE
Amanda Wilson/ Public Works Director			(208)263-3407		8/16/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864  
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	22.49	23.1	25.03	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	1010	1010	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	106	165	lb/d	*****	12	18	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	391	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	7.5	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	48	66	lb/d	*****	5	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	358	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/9/17/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.44	8.44	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.5	3.5	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.38	9.38	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	114	114	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	406	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.1	1.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley		TELEPHONE		DATE	
Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		/9/17/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.4912	2.336	lb/d	*****	.06	.54	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000095	.0000095	lb/d	*****	.00104	.00104	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley	TELEPHONE		DATE
Amanda Wilson/ Public Works Director			(208)263-3407		9/17/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER, INTERIM  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30.28	46.08	lb/d	*****	3480	5530	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeff Cowley	TELEPHONE	DATE
Amanda Wilson/ Public Works Director			(208)263-3407	09/17/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	21.68	22.25	24.06	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****	456	456	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	193	lb/d	*****	12	24	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	385	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.5	7.4	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	33	51	lb/d	*****	4	6	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	333	*****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

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Amanda Wilson/ Public Works Director				(208)263-3407		0/17/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day  
Q=Effluent; full narrative description in Permit Part I.B.3

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF

ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.11	10.11	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.073	4.073	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.45	9.45	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	70.1	70.1	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	10	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	1.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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Amanda Wilson/ Public Works Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-3407		0/17/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.47876	3.85539	lb/d	*****	.06	.83	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000106	.0000106	lb/d	*****	.00116	.00116	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

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Amanda Wilson/ Public Works Director			(208)263-3407		0/17/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP  
LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER, INTERIM  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	39.84	55.1	lb/d	*****	5000	6610	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

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Amanda Wilson/ Public Works Director			(208)263-3407		0/17/2018
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: SANDPOINT, CITY OF  
ADDRESS: 1123 WEST LAKE STREET  
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET  
SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.1	13.1	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.222	11.222	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

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ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****							
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: SANDPOINT, CITY OF  
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SANDPOINT, ID 83864  
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SANDPOINT, ID 83864  
ATTN: JEFF COWLEY

ID0020842	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83864  
MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT				*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly	Visual

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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LOCATION: 723 SOUTH ELLA STREET  
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ATTN: JEFF COWLEY

ID0020842	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$  
(SUBR 01)  
PEND OREILLE RIVER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT				*****						
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Q=Effluent; full narrative description in Permit Part I.B.3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.7	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.4	27.7	lb/d	*****	8.5	10.8	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	328.2	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.65	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.6	20	lb/d	*****	5.8	7	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	198.2	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.5	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		11/10/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.074	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.341	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.3	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.56	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3046	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		11/10/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		11/10/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23	33.4	lb/d	*****	9.1	10.4	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	263.3	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	20.9	lb/d	*****	6	8	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	172.3	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.3	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Tanner Weisgram/ Operations Manager				(208)263-0229		12/06/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.54	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5167	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		12/06/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		12/06/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	33.5	35.4	lb/d	*****	8	8.5	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	345.8	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.49	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	29.2	33.4	lb/d	*****	7	8	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	131.5	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Tanner Weisgram/ Operations Manager				(208)263-0229		/3/02/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.154	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.301	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.86	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= 2	<= 2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4738	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		3/3/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		03/02/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.8	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35.2	51.6	lb/d	*****	9.6	12.9	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	232.4	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.25	*****	7.5	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	38.9	72.1	lb/d	*****	10.4	18	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	143.2	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Tanner Weisgram/ Operations Manager				(208)263-0229		14/04/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.255	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.3	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.71	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4209	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		14/04/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		14/04/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.4	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46.1	54	lb/d	*****	11.4	13.5	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	219	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.38	*****	7.87	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	33.3	44	lb/d	*****	8.3	11	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	157.8	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Tanner Weisgram/ Operations Manager				(208)263-0229		/5/07/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.071	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.158	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.9	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.44	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4836	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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Tanner Weisgram/ Operations Manager				(208)263-0229		05/07/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		05/07/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.6	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	40.9	lb/d	*****	7.3	10	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	364	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.28	*****	7.58	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	28.6	lb/d	*****	5.5	7	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	197.8	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Tanner Weisgram/ Operations Manager				(208)263-0229		/6/18/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.129	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.153	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.7	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.57	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2783	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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Tanner Weisgram/ Operations Manager				(208)263-0229		6/18/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

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Tanner Weisgram/ Operations Manager			(208)263-0229		6/18/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.9	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.4	19.5	lb/d	*****	10.9	15.6	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	400.25	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.38	*****	7.65	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7.3	9.2	lb/d	*****	5	5	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	213.75	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

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Tanner Weisgram/ Operations Manager				(208)263-0229		/7/09/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.114	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.064	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	35.7	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.26	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1484	*****	MGD	*****	*****	*****	*****		25 per Month	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		17/09/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		17/09/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.4	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	36.3	lb/d	*****	10.7	12.1	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	391.5	*****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25.5	33	lb/d	*****	8.5	11	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	211.5	*****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.064	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		8/06/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.161	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.2	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.16	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.14	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3386	*****	MGD	*****	*****	*****	*****		12 per Month	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE
Tanner Weisgram/ Operations Manager				(208)263-0229		8/06/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		8/06/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Tanner Weisgram/ Operations Manager				(208)263-0229		/9/06/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Tanner Weisgram/ Operations Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-0229		/9/06/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
WASTEWATER TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
Tanner Weisgram/ Operations Manager			(208)263-0229		09/06/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
UNNAMED TRIB TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	NODI C				
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	150 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Kootenai Ponderay Sewer Weisgram/ Operations Manager				(208)263-0229		0/15/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent; full narrative description in Permit Part I.B.3.  
Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
UNNAMED TRIB TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 P 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.17 MO AVG	.17 WKLY AVG	lb/d	*****	50 MO AVG	50 WKLY AVG	ug/L		Five per Week	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram		TELEPHONE		DATE	
Kootenai Ponderay Sewer Weisgram/ Operations Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)263-0229		0/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent; full narrative description in Permit Part I.B.3.

Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
INTERIM NITROGEN, PHOSPHOROUS, AMMONIA  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
00600 1 3 Effluent Gross	PERMIT REQUIREMENT	*****	482 MO TOTAL	lb/mo	*****	*****	*****	*****		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
00665 1 3 Effluent Gross	PERMIT REQUIREMENT	*****	108 MO TOTAL	lb/mo	*****	*****	*****	*****		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEPHONE		DATE
(208)263-0229			0/15/2018		
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Table 4; note 1 describes Mo Total calculations

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
UNNAMED TRIB TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****							
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	150 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent; full narrative description in Permit Part I.B.3.  
Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
UNNAMED TRIB TO BOYER SLOUGH  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L			24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 P 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.17 MO AVG	.17 WKLY AVG	lb/d	*****	50 MO AVG	50 WKLY AVG	ug/L		Five per Week	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent; full narrative description in Permit Part I.B.3.  
Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: KOOTENAI-PONDERAY SEWER DISTRICT  
ADDRESS: PO BOX 562  
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F  
LOCATION: 511 WHISKEY JACK ROAD  
SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83840  
MINOR  
(SUBR 01)  
INTERIM NITROGEN, PHOSPHOROUS, AMMONIA  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00600 1 3 Effluent Gross	PERMIT REQUIREMENT	*****	482 MO TOTAL	lb/mo	*****	*****	*****	*****		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Table 4; note 1 describes Mo Total calculations